



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Suzuki	Norman	H.	(808) 521-2661
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 1805			(808) 521-2663
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Suzuki & Goo, Attorneys, A Law Corporation			(808) 521-2661
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 1805			(808) 521-2663
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

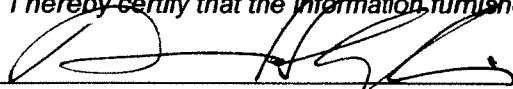
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Pharmaceutical Research and Manufacturers of America		(202) 835-3584
MAILING ADDRESS (Street)		FAX
950 F Street, NW, Suite 300		(202) 835-3415
(City)	(State)	(Zip Code)
Washington, DC		20004
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
MERRILL R. JACOBS		(916) 498-3304
MAILING ADDRESS (Street)		FAX
1215 K Street, Suite 970		(916) 498-3370
(City)	(State)	(Zip Code)
Sacramento	CA	95814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | Pharmaceutical drugs and related matters. |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/26/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

MERRILL R. JACOBS

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Deputy Vice President for State Government Affairs

NAME OF ORGANIZATION (if applicable)

Pharmaceutical Research and Manufacturers of America

TELEPHONE

(916) 498-3304

MAILING ADDRESS (Street)

1215 K Street, Suite 970

FAX

(916) 498-3370

(City)

Sacramento

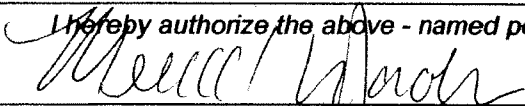
(State)

CA

(Zip Code)

95814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/23/07

(Date)